

FILED MAY 16 1948

Registration District No. 377

Primary Registration District No. 3069

Registrar's No. 977

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **ST. LOUIS**

(a) County ST. LOUIS

(b) City or town Richmonds Heights Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1716 Bellevue Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1716 Bellevue Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary Signaigo

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frank

6. (c) Age of husband or wife if alive _____ years
(Day) (Year)

7. Birth date of deceased Sept 13 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

70 7 18 hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER

12. Name J Wirth

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dr Edward C. Signaigo

(b) Address 1036 Sylvan Kirkwood

17. (a) Burial (b) Date thereof 5 4 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) 5-6-46 (b) E. B. McSarran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour 1 PM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 27 1946, to May 1 1946
(that I last saw her alive on April 29 1946 and that death occurred on the date and hour stated above.)

Immediate cause of death Hypertensive Heart Disease 5 yrs
Duration

Due to 408

Due to _____

Other conditions Cancer of Uterus 6 mo.
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Walter A. Dill (M. D. or other) MD

Address 3464 Manchester Date signed 5-3-46

Dr Dill 7300 Manchester

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edwin O Mc Dermott

Licensed Embalmer No. 3024

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.